

**Project Background.** Suicide is a leading cause of death in California, for both youth and adults. More than 4,000 Californians die by suicide every year, and thousands more attempt suicide.<sup>1</sup> Assembly Bill 114 (Chapter 38, Statutes of 2017) authorized the Mental Health Services Oversight and Accountability Commission to develop a new, statewide strategic plan for suicide prevention in California. To develop this plan, the Commission is organizing a series of public hearings and meetings, community forums, site visits, and small group discussions to understand challenges and opportunities for the prevention of suicide.<sup>2</sup>

**Site Visits and Meeting Summary.** The first meeting of the Commission's Suicide Prevention Subcommittee was held in Redding, California. Redding is the county seat in Shasta County, a small county in rural Northern California - an area with the highest rates of suicide in the State.<sup>3</sup> The overarching goals of the meeting were to share the project goals and objectives, and to explore with meeting attendees the potential causes of high suicide rates, barriers to reducing rates, and what could be done to reduce suicide, suicide attempts, and associated harm. The subcommittee organized a series of site visits prior to the meeting to support the understanding of several key concerns, including comprehensive suicide prevention planning, issues impacting Northern California Tribal communities, and care for people in or at-risk of suicidal crisis. The next Suicide Prevention Subcommittee meeting will be held on Wednesday, May 23, 2018 in Sacramento.

**Suicide Prevention in Rural Communities.** Meeting attendees identified challenges to preventing suicide in rural communities, including staff capacity, transportation to services, social and geographical isolation, access to lethal means, and stigma and discrimination. A representative of Shasta County presented information on how the County is addressing these challenges through a comprehensive suicide prevention strategy, led by the Shasta County Suicide Prevention Workgroup, which includes awareness programs and promotional events, resources on firearm safety, and community support.<sup>4</sup>

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***"I didn't have to do my job alone."***

*Amy Sturgeon, Community Education Specialist for Shasta County, on the benefits of working with a community-driven, multi-disciplinary workgroup on suicide prevention*

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The County's presentation highlighted how the community agreed on a range of strategies but had to be empowered from within to put a plan into action. This action included organizing health fairs and awareness walks, forming a grief support group for loss survivors, developing specialized resources for schools and primary care providers, and deploying a campaign specifically designed to appeal to men – a group three to four times more likely to die by suicide compared to women and often resistant to accessing available services. The presentation also outlined a multi-tiered approach to training community members and groups at increased risk, including training for school-aged children and school staff on having a conversation about suicide, recognizing the signs of depression and other mental health needs, and demystifying the help available to address these needs.

#### Agenda at a Glance

##### SITE VISITS

Shasta County Health and Human Services Agency

Redding Rancheria Tribal Health Center

The C.A.R.E. Center

##### MEETING

Welcome and Introductions

Survivor Story: Linda Heinrich

Presentation: Suicide Prevention in Shasta County

Open Public discussion: Suicide Prevention in Rural Communities

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<sup>1</sup> American Foundation for Suicide Prevention. Suicide: California 2017 Facts & Figures. Accessed March 30, 2018 at <http://chapterland.org/wp-content/uploads/sites/10/2016/03/California-Facts-2017.pdf>.

<sup>2</sup> Visit <http://mhsoac.ca.gov/suicide-prevention> for more information about the project and the Commission's Suicide Prevention Subcommittee

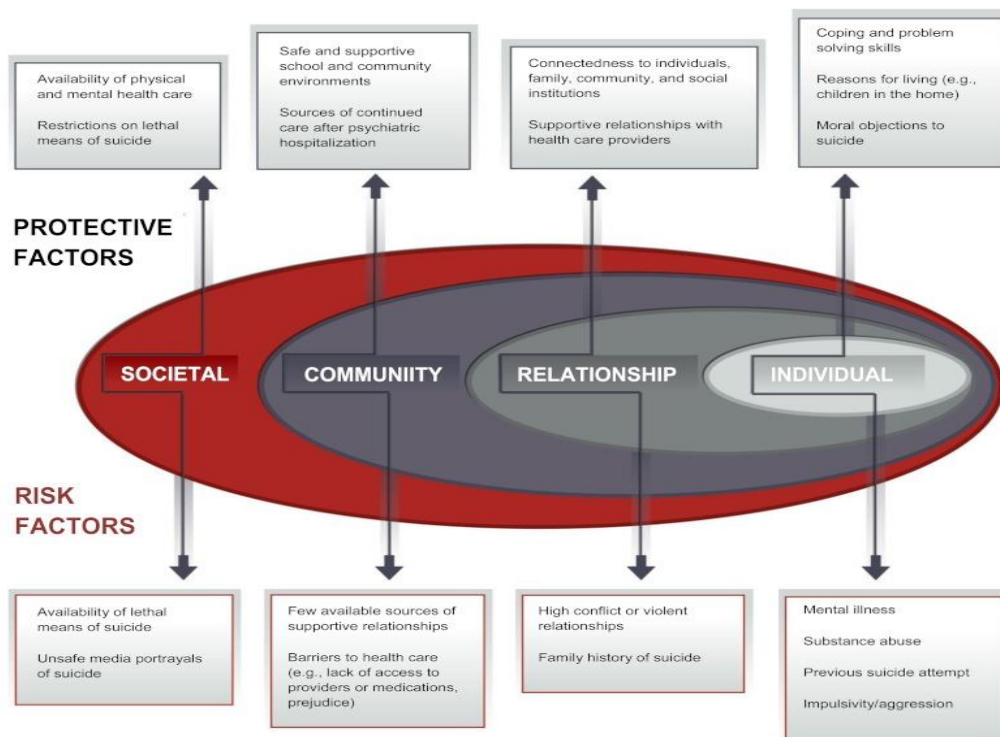
<sup>3</sup> Ramchand, R., & and Becker, A. (2014). *Suicide Rates in California: Trends and Implications for Prevention and Early Intervention Programs*. Santa Monica, CA: RAND Corporation. [https://www.rand.org/pubs/research\\_briefs/RB9737.html](https://www.rand.org/pubs/research_briefs/RB9737.html).

<sup>4</sup> For more information: [www.shastasuicideprevention.com](http://www.shastasuicideprevention.com)

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**Public Health Approach to Suicide Prevention.** Meeting attendees discussed suicide prevention within a public health framework, taking a broad view of the potential drivers behind suicide. Community conditions, life experiences especially around loss, trauma across the lifespan, and access to lethal means, such as firearms and legal and illegal drugs, were all identified as possible factors influencing suicide and suicide attempt. Meeting attendees discussed how, in a public health framework, everyone has a role in preventing suicide. Meeting attendees discussed protective factors and risk factors within a social ecological model, pictorially displayed in the 2012 National Strategy for Suicide Prevention:<sup>5</sup>



Site visit participants heard an overview of how the Shasta County Health and Human Services Agency is working to address community mental wellbeing, social and emotional resiliency, and adverse childhood experiences – in addition to direct mental health services – to prevent suicide and suicide attempt. The agency also is working to address firearm safety and access to firearms.<sup>6</sup> The means by which someone attempts suicide matter – 90 percent of people who attempt suicide and live do not go on to die by suicide in the future.<sup>7</sup> Several meeting attendees mentioned Harvard University's *Means Matter Campaign*, which promotes ways to reduce access to lethal means for suicidal people, including partnership with gun owner groups, as a resource for communities to start conversations about reducing access to lethal means.<sup>8</sup>

**Prevention and Intervention.** Meeting attendees discussed how suicide prevention approaches should be data-driven, but how often data are not adequate or available. Despite data challenges, site visit presentations and meeting attendees identified several groups of people at risk for suicide, including the LGBTQ community,

<sup>5</sup> Office of the Surgeon General and National Action Alliance for Suicide Prevention (2012). *National Strategy for Suicide Prevention: Goals and objectives for action*. Washington, DC: US Department of Health & Human Services.

<sup>6</sup> Shasta County's gun safety program was adapted with permission from materials developed by the New Hampshire Firearms Safety Coalition. More information can be found here: [https://www.co.shasta.ca.us/docs/libraries/hhsa-docs/Suicide-Prevention-II/2016-firearm-brochure-final-2-0.pdf?sfvrsn=c309e589\\_0](https://www.co.shasta.ca.us/docs/libraries/hhsa-docs/Suicide-Prevention-II/2016-firearm-brochure-final-2-0.pdf?sfvrsn=c309e589_0).

<sup>7</sup> For a summary of the research: <https://www.hsph.harvard.edu/means-matter/means-matter/survival/>

<sup>8</sup> For more information on the Means Matter Campaign: <https://www.hsph.harvard.edu/means-matter/>

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older adults, members of Tribal communities, and veterans. Meeting attendees also highlighted professions that also may be at increased risk, including peace officers and farm workers.

**LGBTQ.** At an early age, LGBTQ and gender diverse people can develop a sense of not feeling safe and experience trauma, particularly when they experience rejection, shame, and isolation and bullying by their peers. When seeking services, meeting attendees discussed how LGBTQ and gender diverse people can face significant stigma and discrimination based on their gender and sexual orientation, especially in more rural communities. Meeting attendees asserted that more needs to be done to reach out to LGBTQ people, especially kids and in school settings, to let them know that there is support and a community available to help them. One method for doing this is through a school-based LGBTQ peer group or outreach and engagement by community-based LGBTQ centers.<sup>9</sup>

**Older Adults.** One meeting attendee voiced concern over the lack of assessment and services for older adults, particularly in under-resourced rural communities. Older adults experience high suicide rates driven primarily by unmet mental health needs, personality traits and coping mechanisms, physical health conditions, life stressors – such as loss of loved ones - and social disconnection, and impairments in functioning and disability.<sup>10</sup> A representative of Mendocino County shared with meeting attendees a program in her county that uses senior peer volunteers to engage isolated seniors, increasing protective factors, and connecting seniors to services if there are signs of suicide risk.<sup>11</sup>

**Tribal Communities.** Some of the challenges to preventing suicide in Tribal communities include lack of access to services, transportation, and substance use. Discussions during the site visit to the Redding Rancheria Tribal Health Center highlighted how access to services was difficult because of geography and availability. Services are often spread out and distributed unevenly or are not available or accessible to certain Tribal communities. Transportation is another barrier to accessing not only services but cultural events that could keep people connected to their Tribal community and culture. Finally, use of drugs and alcohol – personal use but also use by family members in the home – was identified as an additional potential cause of increased suicide rates, particularly among Native youth.

### Mentioned at the Meeting

**AB 89 (Levin, 2017)** Effective January 1, 2020, requires all licensees and applicants for licensure as a psychologist to have completed a minimum of six hours of coursework, and/or applied experience under supervision in suicide risk assessment and intervention.

**AB 2246 (O'Donnell, 2016)** Requires local educational agencies that serve pupils in grades 7-12 to adopt suicide prevention policies before the beginning of the 2017-18 school year.

For more information, including the California Department of Education's model suicide prevention policy, visit: <https://www.cde.ca.gov/ls/cg/mh/suicideprevres.asp>

**Veterans.** Meeting attendees also discussed veterans as a group at increased risk of suicide, and the potential causes of that increase. Meeting attendees representing veterans spoke about “warrior mentality,” and how members of the military have to be warriors in combat to protect themselves and others. This mentality can be hard to shift, once a veteran returns home. As a result, veterans struggle to access the care and support needed to respond to the trauma experienced in the military. A representative of the veterans’ community commented on his own experience saying that he intentionally isolated himself, and did not want help. He went on to say that sometimes we need to create our own community, a safe place for veterans to go so they do not have to “deal with the chaos and confusion alone” – but can find safety among peers.

<sup>9</sup> The Gay Straight Alliance is an example of LGBTQ and ally alliances in schools: <https://gsanetwork.org/>

<sup>10</sup> Conwell Y. (2014). Suicide later in life: challenges and priorities for prevention. *Am. J. Prev. Med.* 47(3Suppl. 2), S244–S250.

<sup>11</sup> For more information: <https://www.mendocinocounty.org/home/showdocument?id=17691>

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Several professions also were highlighted at the subcommittee meeting when attendees were identifying groups at risk, including peace officers, firefighters, and emergency medical technicians. Meeting attendees identified chaplains as a potential resource to support members of these groups, along with peer support. One member of law enforcement spoke during the meeting about an uptick in peace officers on stress disability and possible influence of social and political climates and impacts on mental health. Meeting attendees also mentioned farm and construction workers as two groups with high rates of suicide.<sup>12</sup>

Meeting attendees mentioned several efforts underway to train various community groups in suicide prevention. One effort specifically mentioned has the potential to train faith-based communities in suicide prevention.<sup>13</sup> However, one meeting attendee commented on how educators were under pressure to be in a position to identify and respond to a suicidal student even if unprepared and under-resourced, saying “they’re [educators] collectively holding their breath.” Regardless of the role of the person being trained, meeting attendees acknowledged that resources must be available in the community to connect people identified as at-risk.

**Postvention.** Site visit presentations and meeting attendees highlighted the need for more programs and services to support people caring for a suicidal person or survivors of suicide loss. Programs and services designed to support people who have lost someone to suicide – and who could be at increased risk for suicide themselves – is referred to as *postvention*. Postvention is critical to suicide prevention as knowing someone who has died by suicide is a significant risk factor for suicide and other negative mental health outcomes.<sup>14</sup> One meeting attendee from NAMI New Hampshire spoke about the *Connect Program* with meeting attendees. The postvention component of the program helps communities and service providers respond in a coordinated and comprehensive way after a suicide.<sup>15</sup>

Meeting attendees spoke about processing grief, and how people experience grief in different ways at different times. A loss survivor described how she not only lost her

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***“We’re great at giving help but terrible at asking for it.”***

*Meeting attendee during the discussion on support for caregivers and professionals working or interacting with people in or at risk for suicidal crisis*

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stepson to suicide but how she had to grieve the loss of her relationship as she knew it with her husband. One meeting attendee commented that families in Native and Latino communities do not talk about suicide or suicide attempts. He agreed with other meeting attendees that the sooner you start talking, the sooner the healing process begins. There was a discussion about the importance of providing loss survivors safe space to talk about grief and the understanding that there will be set backs in the healing process, and for offering supportive services and respite to caregivers of suicidal people.

**Next Steps.** The next Suicide Prevention Subcommittee meeting will be held on Wednesday, May 23, 2018 in Sacramento. The theme of the meeting will be “connections,” and the agenda will be organized around presentations and discussion on strengthening connections within the community – between primary care, hospitals, schools, law enforcement, crisis support, and more. The first public hearing on suicide prevention will be held during the Thursday, May 24, 2018 Commission meeting in Sacramento. For more information, including upcoming events, please visit <http://mhsoac.ca.gov/suicide-prevention>.

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<sup>12</sup> *Mates in Construction* was mentioned as a resource for construction worker suicide prevention: <http://matesinconstruction.org.au/>

<sup>13</sup> *Soul Shop* was mentioned as a suicide prevention training for faith-based communities. For more information: <http://www.soulshopmovement.org/>

<sup>14</sup> Pittman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *Lancet Psychiatry*, 1, 86–94.

<sup>15</sup> For more information: <http://www.theconnectprogram.org/training/reduce-suicide-risk-and-promote-healing-suicide-postvention-training>